



New York State Weights & Measures Association
58th Annual Training School
115th Annual Meeting
June 10 - 14, 2024
www.nyswma.com

Sleep Inn & Suites

6344 East Molloy Road, East Syracuse, NY 13057
Tel: 315-433-8585 FAX: 315-433-8588

HOTEL REGISTRATION FORM

Must be received by: May 10, 2024

Please fill out completely. Cancellations must be received 48 hours prior to arrival. If reservations are not cancelled 48 hours prior to arrival, 1 night's room charge will be billed as a No Show and the rest of reservation night stays will be cancelled as well.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone / E-mail: _____

Arrival Date: _____ Departure Date: _____

Additional Attendees: _____

Preferred Room Type: Double Beds (2) _____ King Bed (1) _____
(room type cannot be guaranteed, and requests will be on a first come, first served basis)

If you have a Special Dietary Requirement, please specify: _____

Method of Payment:

Check #: _____ Purchase Order #: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____ Choice Privileges #: _____

Return form to: Sleep Inn & Suites, 6344 East Molloy Road, East Syracuse, NY 13057

Attention: Marina Mazzaroppi

Phone: 315-433-8585, FAX: 315-433-8588, E-mail: marina@barbagallos.com

Single Occupancy

Package A - \$620.00 - 4 nights / meals

Package C - \$360.00 - 2 nights / meals

Package B - \$500.00 - 3 nights / meals

Package D - \$180.00 - 1 night / meals

Double Occupancy rates available upon request.

Sleep Inn & Suites will accept PO's, checks, or credit cards. Please register by May 10, 2024.

Tax-Exempt Form ST-129 must be submitted with this form.

NOTE: The above Packages do not include the NYSWMA Registration Fee. Therefore, you must also register with the NYSWMA Treasurer using the Association Registration Fee form.